

**NOTE: You MUST hit enter or place the cursor in another field for the amount to automatically calculate.**



Emergency Medical & Trauma Prevention  
**EMS PIN AND PATCH ORDER FORM**

Make Check or Money Order Payable To:  
*DOH, Emergency Medical Services*  
*PO Box 1099 Olympia WA 98507-1099*

Name:		Phone Number:		
Address:				
City	State:		Zip:	
Item	Color	Quantity	Price	Amount
First Responder Patches	Gold w/ Blue		@ \$2.50	
Emergency Medical Technician Patches	Blue w/ Gold		@ \$2.50	
Emergency Medical Technician Patches	Blue w/ White		@ \$2.50	
IV Technician Patches	Blue w/ Gold		@ \$2.50	
IV Technician Patches	Blue w/ White		@ \$2.50	
Airway Technician Patches	Blue w/ Gold		@ \$2.50	
IV and Airway Technician Patches	Blue w/ Gold		@ \$2.50	
ILS Technician Patches	Blue w/ Gold		@ \$2.50	
ILS Technician Patches	Blue w/ White		@ \$2.50	
ILS and Airway Technician Patches	Blue w/ Gold		@ \$2.50	
ILS and Airway Technician Patches	Blue w/ White		@ \$2.50	
Paramedic Patches	Blue w/ Gold		@ \$2.50	
Paramedic Patches	Blue w/ White		@ \$2.50	
Emergency Medical Technician Pins	Blue w/ Gold		@ \$ 3.00	
Emergency Medical Technician Reflective Decals	Green w/ Gold		@ \$ 1.00	
First Responder Field Protocols -9/98			@ \$2.50	
Basic Life Support Field Protocols for EMT-Basic			@ \$2.50	
<b>Total Amount:</b>				

DOH 530-030 (REV 9/00)

AMOUNT PAID	DATE FILED	BY WHOM

**This Form May Not Be Duplicated**

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